

### Application Data Sheet

#### **Application Information**

|                                |                             |
|--------------------------------|-----------------------------|
| Application Type::             | Regular                     |
| Subject Matter::               | Utility                     |
| Title::                        | SELF-LOCKING STRAP ASSEMBLY |
| Attorney Docket Number::       | S93.12-0001                 |
| Request for Non-Publication?:: | Yes                         |
| Suggested Drawing Figure::     | FIG. 1                      |
| Total Drawing Sheets::         | 10                          |
| Small Entity?::                | Yes                         |

#### **Applicant Information**

|  |                    |
|--|--------------------|
| Applicant Authority Type::             | Inventor           |
| Primary Citizenship Country::          | US                 |
| Given Name::                           | Stephen W.         |
| Family Name::                          | Johnson            |
| City of Residence::                    | Columbia Heights   |
| State or Province of Residence::       | MN                 |
| Country of Residence::                 | US                 |
| Street of Mailing address::            | 5029 6th Street NE |
| City of Mailing address::              | Columbia Heights   |
| State of Province of mailing address:: | MN                 |
| Postal or Zip Code::                   | 55421              |

|                                  |                           |
|----------------------------------|---------------------------|
| Applicant Authority Type::       | Inventor                  |
| Primary Citizenship Country::    | US                        |
| Given Name::                     | Christopher J.            |
| Family Name::                    | Voges                     |
| City of Residence::              | Eden Prairie              |
| State or Province of Residence:: | MN                        |
| Country of Residence::           | US                        |
| Street of Mailing address::      | 13053 Crimson Clover Lane |

City of Mailing address:: Eden Prairie  
State of Province of mailing address:: MN  
Postal or Zip Code:: 55347

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Given Name:: Timothy D.  
Family Name:: Callahan  
City of Residence:: Minneapolis  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing address:: 550 36 1/2 Ave NE  
City of Mailing address:: Minneapolis  
State of Province of mailing address:: MN  
Postal or Zip Code:: 55418

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Given Name:: Jason A.  
Family Name:: Doolittle  
City of Residence:: Shoreview  
State or Province of Residence:: MN  
Country of Residence:: US  
Street of Mailing address:: 1021 Carmel Court  
City of Mailing address:: Shoreview  
State of Province of mailing address:: MN  
Postal or Zip Code:: 55126

**Correspondence Information**

Name:: Todd R. Fronek  
Street of mailing address:: Westman, Champlin & Kelly  
900 Second Avenue South, Suite 1600

City of mailing address:: Minneapolis  
 State or Province of mailing address:: MN  
 Postal or Zip Code of mailing address:: 55402-3319  
 Phone number:: 612/334-3222  
 Fax number:: 612/334-3212

**Representative Information**

| Representative Designation:: | Registration Number:: | Representative Name:       |
|------------------------------|-----------------------|----------------------------|
| Primary                      | 20147                 | Nickolas E. Westman        |
| Primary                      | 34797                 | Judson K. Champlin         |
| Primary                      | 34847                 | Joseph R. Kelly            |
| Primary                      | 36188                 | Steven M. Koehler          |
| Primary                      | 34557                 | David D. Brush             |
| Primary                      | 38354                 | John D. Veldhuis-Kroeze    |
| Primary                      | 39758                 | Theodore M. Magee          |
| Primary                      | 35612                 | Deirdre Megley Kvale       |
| Primary                      | 42413                 | Christopher R. Christenson |
| Primary                      | 41885                 | Brian D. Kaul              |
| Primary                      | 45466                 | Nathan M. Rau              |
| Primary                      | 45844                 | Christopher L. Holt        |
| Primary                      | 45956                 | Alan G. Rego               |
| Primary                      | 48516                 | Todd R. Fronek             |
| Primary                      | 49027                 | Linda P. Ji                |
| Primary                      | 53675                 | Leanne R. Taveggia         |
| Primary                      | 24383                 | Robert M. Angus            |
| Primary                      | 32015                 | David C. Bohn              |
| Primary                      | 30214                 | Z. Peter Sawicki           |
| Primary                      | 48774                 | Peter J. Ims               |
| Primary                      | 51655                 | Bryan F. Erickson          |

**Domestic Priority Information**

| Application::    | Continuity Type::  | Parent Application:: | Parent Filing Date:: |
|------------------|--|----------------------|----------------------|
| This application | Is an application claiming the benefit under 35 USC 119(e) | 60/439,789           | 01/13/2003           |
|                  |  |                      |                      |
|                  |  |                      |                      |

**Foreign Priority Information**

| Country:: | Application number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
|           |                      | MM/DD/YY      | Yes or No          |
|           |                      |               |                    |
|           |                      |               |                    |

**Assignee Information**

Assignee name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::